

CHEMIST & DRUGGIST

The newsweekly for pharmacy

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Chemists 'more vulnerable' to health centres

Prospects in pharmacy practice

NPU call for VAT postponement

Working party on pharmacy service hours



An artist's impression of an early surgical operation under ether anaesthesia.

125 YEARS OF ANAESTHESIA

The use of ethyl ether for anaesthesia was demonstrated publicly for the first time 125 years ago by a dentist, Dr. W. T. G. Morton, in Boston, U.S.A. on October 16th, 1846. News of the historic experiment reached Britain two months later by the wooden paddle-steamer "Arcadia" which docked at Liverpool on December 16th, 1846.

Three days afterwards the first surgical operation in Britain under ether-induced anaesthesia was performed at the Dumfries & Galloway Royal Infirmary by Dr. William Scott, subsequently confirmed in his letter to The Lancet published on October 19th, 1872. A similar operation took place on December 21st at University College Hospital, London, when Professor Robert Lister amputated the right lower limb of Frederick Churchill, a Harley Street butler.

The immense advantage of performing major surgery under a general anaesthetic was quickly recognised. Even more important perhaps was the fact that no longer did helpless patients have to endure the terrible apprehension and suffering which had previously been their lot.

Since those pioneer days, manufacture of ether has been carried out in Edinburgh, the names of Duncan Flockhart and J. F. Macfarlan being well known in this connection. Today, the former interest of these two companies, now no longer trading, is maintained by their associates Macfarlan Smith Ltd. who manufacture Anaesthetic Ether and other grades for laboratory and industrial use.



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CHEMIST & DRUGGIST

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The newsweekly for pharmacy

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*Links with the past in the centre of
London (see p 892)*

Handy Andies are going big on the box this winter.



**Biggest ever campaign for
Handy Andies all January-February.**

Remember:

100,000 million pocket packets sold every year—
two-thirds are Handy Andies,
giving 30% minimum profit at 3p.
So stock up and catch the money.

**handy
andies**

Chemists 'more vulnerable' to health centres

Retail pharmacies have become "even more vulnerable" during the past year to any significant shift in dispensing to health centres, according to the latest *Researcher*, just published by A. C. Nielsen, the market research specialists.

That situation, according to Nielsen, arises from the fact that, during 1971, the National Health Service share of turnover in pharmacies nationally "rose to the record level of 44.1 per cent". During the year under review, NHS business rose by 10 per cent and "counter takings" by 8 per cent, says the report.

The total estimated turnover increase during 1971—9 per cent over the previous year—represents the same rate of advance as in 1970, "and compares favourably with previous years."

Principal reason for the advance in NHS business during 1971 was the increase in average prescription costs—from £0.67 to an estimated £0.76 in the 12 months. Comments Nielsen: "This massive increase offset the marginal reduction in prescribing."

To illustrate that reduction, the following figures are quoted (with the point at which the £0.20 prescription levy was introduced indicated):

Trend in number of prescriptions (all retail pharmacies excluding Boots branches)

	Millions dispensed	Change on year earlier
1970 Oct	20.4	+ 3.4
Nov	19.3	+ 6.8
Dec	20.3	-17.4
1971 Jan	20.8	- 8.8
Feb	19.8	+ 5.8
Mar	22.7	+16.1
£0.20 levy		
Apr	18.1	- 7.6
May	18.8	- 3.2
June	19.0	- 1.1
July	19.0	+ 1.4
Aug	16.8	+ 1.8
Sept	18.7	+ 0.3

"On this comparison, prescription numbers were only slightly reduced; NHS business went ahead faster than counter turnover. So, while the trend towards a greater proportion of chemists' business being accounted for by NHS may have been slowed, it certainly was not halted, as happened when prescription fees were reimposed in June 1968", says the *Researcher*.

The report makes a study of chemists' use of cash-and-carry facilities—and a "levelling off"

is noted in the current year. Nielsen figures suggest that 32 per cent of independent chemists used cash-and-carry this year, compared with 33 per cent last year, 25 per cent in 1969 and 20 per cent in 1968.

The inference drawn is that some chemists may now be finding that the range of goods stocked by "grocery C & Cs" is not suited to their continuing requirements. "If this is so we may see the opening of more specialised cash-and-carry depots carrying a wider range of 'chemists' goods'."

On the subject of self-selection, the report points out that figures noted at November this year indicate that chemists offering this type of presentation for a part of their stock "now outnumber those who don't by two-to-one".

The comment is made that "self-selection helps the chemist to benefit from the traffic flow induced by the NHS side".

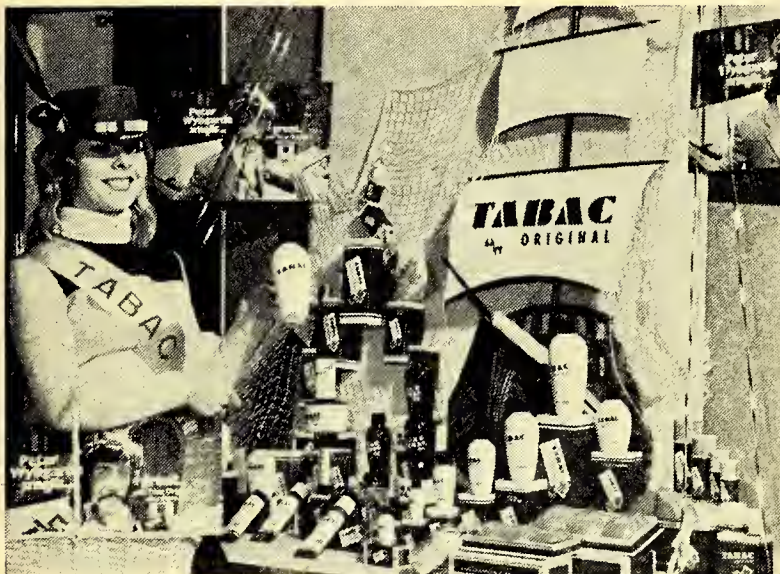
New concept in dosage forms

A capsule enabling aqueous formulations to be presented as a solid dosage form has been developed by R. P. Scherer Ltd, 217 Bath Road, Slough, Bucks.

Formulations containing up to 20 per cent of water may be incorporated in their "solid state" capsules. Normal manufacturing equipment is used and after filling, the contents solidify to form a macro-molecular gel-lattice matrix. The capsule shell remains stable as the water is held within the lattice.

Active ingredient can be held in solution or suspension in the water.

The company considers that the capsules could serve as an alternative dosage form for medicines normally dispensed as liquids from a bottle. They say that there are advantages of accuracy (they claim to achieve ± 2 per cent, as opposed to imprecise spoon



Pictured here is one of the team of Tabac demonstrators who distributed miniature bottles of Tabac Original After Shave at the recent amateur boxing international between England and East Germany, at the Royal Albert Hall. There were two special Tabac displays at the Hall, both linked to the current advertising campaign for the product

measurements) and of lack of spillage.

The capsules can be swallowed whole or can be chewed (flavours can be added to the shell and the fill). Alternatively they can be allowed to dissolve slowly in the mouth, eg in cough and antiseptic preparations and in mouth fresheners.

PATA Council election result

E. H. Butler & Son Ltd, with 21 votes, and Ayrton Saunders & Co Ltd, who received 19 votes, were elected to represent the wholesale section on the PATA Council. Barclay & Sons Ltd, the only other candidates received six votes.

There were no contests in the manufacturers' and retail sections. BDH Pharmaceuticals Ltd and Nicholas Products Ltd were returned unopposed, as were Mr R. Anderson and Mr A. G. Garrett.

Injury Insurance Act guide

The Department of Employment has issued a guide to the Employers' Liability (Compulsory Insurance) Act. It is available free from all employment exchanges.

The Act comes into force on January 1, 1972, and aims to ensure that employees receive compensation for injury or disease caused at work where the employer is liable, whatever his financial position.

All employers are therefore required to take out an approved insurance policy to cover their liability.

NPU call for VAT postponement

A call for a postponement in the start of value added tax came this week from the National Pharmaceutical Union.

In a letter to *The Times* on Monday, NPU director Mr J. Wright points out that there will be no longer than six months between the announcement of VAT details in next year's Finance Bill and the start of registration in October 1972.

Mr Wright comments: "Our members, the 10,500 independent chemists throughout the United Kingdom, will be faced with the task of dividing their sales and purchases of a wide range of merchandise among the various tax categories.

"We want to advise them on a host of problems that will arise in connection with book-keeping, accounting documents, and the keeping of records and we anxiously await the further details of the Government's proposals in the VAT Bill which was to have been published in November.

"It seems that we can now do nothing until proposals are announced in next year's Finance Bill in March. This will leave only six months before VAT registration begins in October.

"In fact, many important details may not be available until Regulations are published and it therefore seems inevitable that, unless 'V Day' is postponed, the introduction of the tax will be the cause of confusion and resentment in the minds of those who will have to administer and collect it."

Government will not impose ban on sample supplies

Mr L. Pavitt asked the Secretary of State for Social Services in the Commons this week if he will take steps to ban the supply of all medicinal samples except for clinical trials and research purposes in support of the policy of the Pharmaceutical Society of Great Britain.

Mr Michael Alison, Under Secretary, replied: "We see no convincing grounds for taking such steps."

Mr Pavitt also asked if the Minister is satisfied that an average profit line of 20 per cent on capital employed in the pharmaceutical industry is in accordance with his policy of purchasing drugs under the voluntary price regulation scheme. Mr Alison: "The scheme calls for the industry's profitability to be reviewed, and discussions are now taking place with the ABPI. We would prefer to await the outcome before making any statement."

Mrs Doris Fisher was told that neither the Executive Councils nor the Secretary of State had power to direct a chemist to establish a pharmacy in any particular locality. She had referred to the shortage of dispensing chemists in new housing developments.

UWIST faculties have combined

The pharmacy, applied psychology and ophthalmic optics faculties at the University of Wales Institute of Science and Technology, in Cardiff, have combined to form the new School of Health and Life Sciences.

Dean of the school is Professor A. M. Cook, who already heads the Welsh School of Pharmacy there. It is hoped by those involved that the re-organisation will afford closer liaison between the related faculties.

Wide publicity in the *Western Mail* was given to possible research at the new school into "a drug to control boredom in factory workers" after the inaugural dinner of the school last week. Industrial psychologists and trade unionists reacted strongly against the suggestion.

On Monday, Professor P. S. J. Spencer, of the applied pharmacology section, "set the record straight" in the letters column of the *Western Mail*.

He explained to *C&D* that now that an effective treatment had been developed for many diseases, the use of drugs by society was changing. The "pill", for example, was not used purely for medical reasons but frequently for social purposes. Research may now even become orientated towards finding drugs to cope with social irritations.

Chemists, sales up in October

The value of weekly sales by chemists and photographic goods dealers rose sharply during October, compared with a year earlier, according to the monthly statistics issued by the Department of Trade and Industry.

Leading the way were the multiples, with an 18 per cent increase. Sales by independents advanced by 12 per cent, and those by Co-operatives were up by 9 per cent.

Actual indices for the month (1966 = 100) were:

All chemists, etc	134 (+ 15)
Independents	127 (+ 12)
Multiples	148 (+ 18)
Co-operatives	94 (+ 9)

These figures do not take into account receipts under the NHS.

Industry is 'too defensive'

The pharmaceutical industry gets a "good Press on the whole" and these days it gets a good "run for its money", said Dr Michael O'Donnell, Editor, *World Medicine*, the guest speaker at the Royal Society of Health Pharmaceutical Group luncheon club on December 9, when he spoke on relations between the medical Press and the pharmaceutical industry.

He added, however, that the industry was often too defensive, often defending its weaknesses instead of shouting about its achievements. He believed that a healthy situa-

tion between the Press and the industry could only exist if the relationship was based on "symbiosis", there was a danger if that relationship became parasitic. It was essential that pharmaceutical companies advertised primarily because it was a good way of selling their product and not to take advertising space merely to keep a journal going.

A magazine was only useful as a carrier of advertisements if it maintained its integrity. Looking at what each member of the "partnership"—Press or industry—needed from the other, Dr O'Donnell said that the medical Press required advertising revenue and information. The industry wanted some sort of understanding and insight into its problems, the opportunity to pass on information to doctors either as advertising or news items. A feed-back of information from the doctors and details of the scientific papers published about the products.

Both sides' interests were similar in that they were both concerned with communications. As an editor he still believed that medical journals were very much "in the entertainments industry".

Wholesaler critic at Glaxo annual meeting

Strong criticism of identical action taken by three companies in Glaxo Group Ltd was voiced by a Northern Ireland wholesaler at Glaxo's annual meeting in London on Monday.

Mr H. Mitchell, managing director, Harold Mitchell & Co Ltd, Belfast, seized the opportunity to air his company's grievance at what was expected to be one of the Group's best attended annual meetings.

He said that the three companies (Allen & Hanbury, BDH and Glaxo Laboratories) had withdrawn wholesale terms from Harold Mitchell & Co at the end of July but had made them a Glaxo food wholesaler from August 1, a facility he had refused to accept in the present circumstances.

At first, said Mr Mitchell, it was alleged by Glaxo that Mitchell were not capable of making the deliveries necessary for a wholesaler but later that was withdrawn and it was stated that Glaxo were to rationalise their distribution in N. Ireland.

Replying from the platform, group director R. D. Smart said there were five wholesalers

Intermittent TB therapy

Intermittent, rather than daily, chemotherapy of tuberculosis is proving successful in under-developed countries. Doctors involved claim this type of treatment to be "at least as effective" as conventional therapy, with the following advantages:

□ Complete knowledge of and control over amount of drug taken (patients attend for drug administration).

□ Drugs are usually less toxic, because although the individual dose is often higher, the total drug administered is less.

□ Smaller quantities of drug mean a reduction in cost.

This was learnt at a *C&D* visit to the Medical Research Council Chest Unit at the Brompton Hospital, London recently. Research staff involved said that a twice weekly regimen of isoniazid and PAS was now clearly established. A once weekly regimen including a slow release preparation of isoniazid is giving promising results, it is reported.

A study on intermittent therapy is currently being conducted from 50 centres in the UK.

which Glaxo thought too many for the available business.

They had, however, decided to "re-examine in depth" Mr Mitchell's case and if they found that it was in the interests of Glaxo shareholders or desirable for the people of Northern Ireland to reinstate wholesale terms they would do so (Glaxo agm, p 883).

Pharmacy service costs up £8m

The pharmaceutical services in England will cost at least £8 million more in 1971-72 than was originally calculated, according to the recently-published Supplementary Estimates.

It is stated that the £8 million "represents approximately 75 per cent of the sum likely to be required."

Principle reasons given for the increases are: Higher average cost of prescriptions—"mainly due to increases in chemists' remuneration"—and reduced income from patients' charges, since the original estimate assumed the introduction of cost-related charges.

Doubts over Entero-Vioform

CIBA Laboratories have stated that they are in touch with the Committee on Safety of Medicines concerning Entero-Vioform and its possible connection with a disease called subacute myelo-optic neuropathy (SMON) first characterised in Japan.

Clioquinol is no longer available in Japan, where many cases of the disease have been noted. A few recent cases of SMON have been reported in Australia also.

A spokesman for CIBA was quoted in *The Sunday Times* as saying: "It is not possible to exclude clioquinol as a causative factor, but there must obviously be some other factor of major importance in Japan since this compound has been in use for many years in this country. Four million people must have taken a course of clioquinol over the past five years in the UK and we have no knowledge at all of an effect on the nervous system when over-dosage recommendations have been followed."

Discussion of the subject has continued for some time in the medical Press. Viruses have been incriminated by some workers investigating the disease.

A recent communication in the *Lancet* ends with the statement: "Clioquinol may well be a causative and accelerating factor in this syndrome in Japan."

The 'English drug fraud'

"El fraude de los medicamentos en Inglaterra" is the title of an eight-page article by Peter Durisch in a recent edition of the magazine section of a Madrid Sunday paper called *Los Domingos de ABC*.

The piece elaborates on the subjects that were dealt with in "The Great Drug Fraud" article in *The Sunday Times* in October last year, where accusations of drug substitution were made.

A Spanish correspondent writing to *C&D* commented: "It is a serious accusation, . . . here in Spain it will have disastrous effects".

A sentence in the introductory paragraph to the article has been translated as: "There are numerous cases" (referring to the use of cheaper medicines) "that are submitted daily to the Committee of Ethics of the Pharmaceutical Society".

COMPANY NEWS

Monopolies probe on Beecham bid?

Shareholders of Glaxo Group Ltd crowded into the annual meeting on Monday expecting to hear Sir Alan Wilson, chairman, outline the group's trading prospects and the strategy to be employed in their fight to shake off the Beecham bid (last week, p 859).

In the event, Sir Alan refused to be drawn on either point, because any information might give "ammunition for the opposition," he said and added: "Glaxo will develop its arguments in detail at the appropriate time."

Two points he put forward against the merger were:

□ The whole of the penicillin G production in Great Britain would be controlled by one company;

□ Competitive pressure on the two enterprises would be reduced.

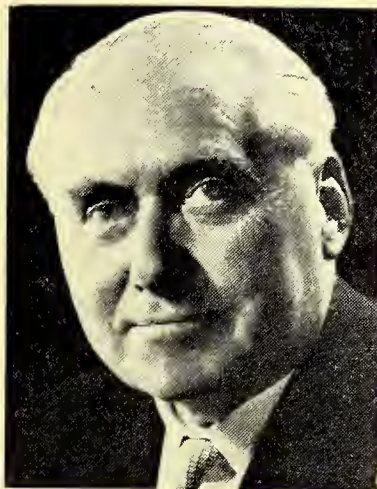
Sir Alan said he believed that Beecham's move sprang from "financial opportunism allied to the desire to shield the Beecham shareholders from the risks arising from the narrow base of Beecham's pharmaceutical business, the monopoly protection of which is shortly to be eroded by the expiry of important patents."

He disclosed that the board had approached the Department of Trade and Industry with a view to having the matter examined by the Monopolies Commission because of the great influence the merger would have on the National Health Service.

The rationale put forward by Beecham, he said, was "inadequate and unconvincing."

At a Press conference after the annual meeting, Sir Alan said Glaxo's takeovers in the sixties had proved nothing was gained by merging research efforts. "With the benefit of hindsight we paid too much." With the exception of Allen & Hanbury it was a "saving operation for the shareholders of the other companies which were failing."

A statement issued later by Sir Ronald Edwards, chair-



Sir Alan Wilson

man of Beecham Group Ltd said that with two medium-sized pharmaceutical companies facing larger foreign competitors, a merger "must produce a more resourceful and effective research, production and marketing organisation more quickly than either company could develop on its own".

He maintained that a merger would not reduce the number of companies selling crude penicillin and would improve the effectiveness of British manufacture.

Where Beecham patents were concerned, the ampicillin patent in the UK continued to late 1975 (later in other countries). Beecham had just put another product on the UK market and had just applied for registration of a newly proven semi-synthetic penicillin which it believed had advantages over ampicillin.

"We are confident that we in Beecham can show that the merger would be in the interests of Glaxo shareholders and Beecham is accordingly proceeding with its formal offer," Sir Ronald concluded.

Smith & Nephew's third report

Sales of Smith & Nephew Associated Companies Ltd in the 40 weeks ended October 9 were, at £45.86m, 26 per cent higher than in the comparable period of 1970. Group profit before tax was 6½ per cent up at £5.41m and that, after tax, attributable to S&N shareholders, £3.15m against £2.96m.

Gala Cosmetic Group, acquired at the end of 1970, has been included in the 1971 figures. Excluding Gala sales for the first 40 weeks of 1971, the increase over 1970 would have been 8 per cent and that in operating profit, 7.1 per cent.

The profit after tax and minority interests for the two years is comparable.

The principal companies in which the share of earnings is incorporated are British Tissues Ltd, Jeyes Group and 50-50 companies. The adverse trading conditions of British Tissues have continued and have resulted in a substantial reduction in income, which is partly offset by an increase in profits from other Associated Companies, states the board.

In brief

Johnston & Adams Ltd, Dundee, have acquired the Alexander Whitelaw Ltd pharmacy carried on at 19 Crossgate, Cupar, Fife, by Miss Catherine Samson since 1945. Miss Samson is now retiring after a long period of service.

Federation of Wholesale Organisations have moved to 14 John Princes Street, London W1M 9HB (telephone: 01-629 5985).

C. & G. Kearsley Ltd, 71 Dartmouth Road, London SE23 are to cease trading as from December 31.

Mr Michael Barrett has opened a pharmacy at Kilbarrack, co Dublin.

Appointments

National Cash Register Co Ltd have elected Mr Gordon H. Shingleton chairman of the company. He continues in his present position as managing director, which he took up in May. This follows the retirement of Mr Stephen J. Conway, who for the past ten years has held the post of chairman and managing director. Mr Conway joined NCR in 1934. Mr R. C. Bedford, company secretary since August 1969, joins the board, and Mr M. M. Myers has been appointed a divisional director.

Dr A. D. Munro-Faure, head of the clinical pharmacology department at the Wellcome Research Laboratories, Beckenham, has been appointed the Wellcome Foundation's director of clinical research following the resignation of Dr T. Hanley, who has taken up a post with Manchester University. Dr Munro-Faure joined the company as a medical adviser in 1960. He is succeeded as head of clinical pharmacology by Dr A. S. E. Fowle, who joined Wellcome in 1965.

Yardley of London Ltd have appointed Bill Wright as a member of their sales team in Central Scotland.

Continued on p 884

Continued from p 883

National Chamber of Trade: Mr L. E. S. Seeney has been appointed general secretary following the retirement of Mr John Peggall. Mr Seeney, promoted from the position of assistant secretary, has been employed full-time with the Chamber since 1966, but first joined the movement as a member in 1951.

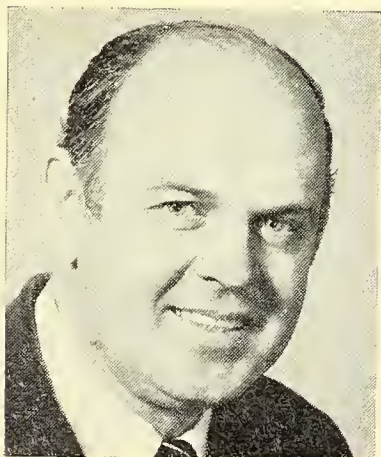
Firmenich & Co have promoted Mr Ray A. Sutton to account executive within the perfumery division of the London company from January 1, 1972.

Chesebrough-Pond's Ltd have appointed Mr D. F. Thompson their marketing director.

PEOPLE

Mr T. W. Creswell, MPSNI was appointed president of the Ulster Chemists' Association on December 7. He is proprietor of Busby's Chemist, 79 Duncairn Gardens, Belfast. After qualifying in 1950, Mr Creswell became manager of Esler's Pharmacy, Howard Street, Belfast. He was later appointed Northern Ireland representative for Genatoson Ltd (Fisons), in which capacity he served for ten years. Before taking over the pharmacy at Duncairn Gardens, he was medical representative in N Ireland for Sandoz Ltd.

The new president is keenly interested in all matters pertaining to retail pharmacy. He is a member of the Local Pharmaceutical Committee and a director of Group Services (Pharmacists) Ltd. He believes strongly that, in spite of the advent of Health Centres, the local community pharmacy must continue to play a most important role in providing a convenient and comprehensive pharmacy service to the public.



Mr David Hussey, planning manager of A. Wander Ltd and Sandoz Products Ltd, pharmaceutical division, has been invited by the American Management Association to present a paper at their annual international financial conference to be held in New York in February 1972. The theme of the paper will be "Strategic planning and International Business".

Mr Joe Deeprose retires this month as sales representative, after many years service for S. Maw Son & Sons Ltd. He is, however, staying with the company as distribution stock controller at the Barnet factory.

Mr Deeprose joined Maws in 1924, and spent the first few years in the advertising department. He joined the sales force in 1940 and, apart from the war years had been "on the road" for Maws until the end of November.

Deaths

Blake: Recently, Dr Walter Jardine Blake, Ph D, FPS, Williamwath Lodge, Lockerbie, Scotland, aged 59. Dr Blake graduated, BSc at Edinburgh University. He was awarded his Ph D at Heriot-Watt University, where he was for many years senior lecturer in pharmacy. Dr Blake was also a member of the Pharmaceutical Society's examiners for Scotland until he retired following an illness.

NEWS IN BRIEF

- The Post Office has stated that pre-decimal stamps will not be valid as from February 1972.
- Total number of prescriptions dispensed in Northern Ireland during September was 854,244.
- Average value of weekly sales by chemists and photographic goods dealers in Northern Ireland during September was one per cent higher than a year earlier.
- National Pharmaceutical Union income from subscriptions was £86,893 in 1970 (against £88,243 in 1969). Total income at £89,348 (£90,967 in 1969) represented an excess over expenditure of £1,965 (£19,594).
- Over 1,000 tablets and capsules, together with two syringes, were stolen from Greater Nottingham Co-operative Society's pharmacy at High Road, Beeston, Notts. The thief took the drugs from the dispensary and forced the door of the dangerous drugs cabinet.

Topical reflections by Xrayser

Pharmaceutical costs

I note from an alarming document issued by HM Stationery Office that the pharmaceutical service is to cost at least eight million pounds more than was originally estimated for 1971-2. The reasons advanced are not altogether convincing. There is, the document states, higher average cost of prescriptions "mainly due to increases in chemists' remuneration". In my experience, the increase in the average dates from the introduction of increased prescription charges, and, as on all such previous occasions, has been most marked.

Another reason put forward officially is that there is reduced income from patients' charges—presumably due to a decrease in the number of prescriptions subject to such charges. There appears, therefore, to be a direct cause and effect, for larger quantities are being prescribed, resulting in higher average and less income from the levy, though a saving must have been effected owing to a reduced number of dispensing fees. But if you increase patients' charges in the expectation that that will reduce demand on the service, and achieve that effect, it seems churlish to complain if the income goes down.

It is true that more people have availed themselves of their right to exemption, but I feel sure that a supplement to the Supplementary Estimates would be found to be necessary if everyone with an entitlement lodged a claim.

Pay to be ill

I am glad to see that Mr W. M. Darling (president of the Pharmaceutical Society) returned to his theme of the need for every fit and working person to make a larger contribution to the rising costs of the National Health Service, though any suggestion by any Government to that effect would not be to court popularity. But there should be no doubt that those fortunate enough to be in work and in good health should be glad to share the burden falling on those who are ill. I still regard the charges as a tax on sickness, quite out of tune with the high principles which governed the enlightened introduction of the Health Service way back in 1948.

The Minister of Health (Sir Keith Joseph) frequently refers to the "good bargain" of the so-called season ticket, but there are people who cannot afford the down payment on what may prove to be a speculative investment on which no rebate is obtainable. That also seems to be at variance with the ideals of the service. One buys one's season ticket on the underground knowing what one is buying, but dicing with health is not quite the same thing and should not rank with Premium Bonds. The import of the message the president is delivering should not be missed by those who may be ill tomorrow, and who would like to think that their contributions ensure complete coverage.

A question of capitals

The list of Fellows of the Pharmaceutical Society is always of great interest, and I take the opportunity of offering my congratulations to the Editor on the inclusion of his name. I note that the recognition is "for distinction in pharmaceutical journalism," and, so that there may be no confusion in the matter, it should be noted that capital letters have been eschewed in the description. It might not have conveyed quite the precise shade of meaning if the citation had referred to "chemist and druggistism."

NEW PRODUCTS AND PACKS

Photographic

A new Tutor from Rank

The Tutor 2 is the latest Rank Aldis Tutor filmstrip and slide projector. A major feature is the 250 watt quartz halogen lamp which gives a higher light output than was available in earlier tutors. The new lamp gives clear bright pictures in daylight conditions.

The projector is compact and robust with a retractable carrying handle.

Voltage selection ranges from 110-250 volts AC, and the entire front unit of the projector rotates through 360° to enable filmstrips of mixed landscapes and portrait pictures to be projected easily. Continuous cooling is by a turbo fan. Three complete models are available: the Tutor 2 projector with 10cm lens, slide carrier and lamp (£60.36); the projector, 10cm lens and lamp with indexing film winder (£64.34); projector, 10cm lens, lamp, indexing film winder, and slide carrier (£67.07). It is also available as Tutor 2 body only (£42.08). There is a wide choice of lenses and other accessories (Rank Audio Visual Ltd, PO Box 70, Great West Road, Brentford, Middlesex).

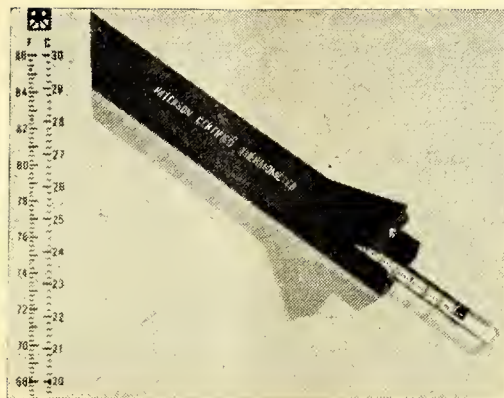
Improved Paterson thermometers

With the increasing use of metric measurements, Paterson Products Ltd, 32 Bedford Row, London WC1R 4JG, are now producing their certified thermometers and their 9 in wide range thermometers with a dual scale covering both Fahrenheit and Centigrade. Coupled with the change, a new technique is used to apply the calibrations to make them completely indelible. The markings are actually absorbed into the surface of the glass so they are unaffected by any chemical action or abrasion.

The certified model is calibrated from 56-86°F and 13-30°C with mercury filling (£1.50) with spirit filling (£1.09½).

The 9 in wide range thermometer (£1.50) is scaled from 60-120°F and 15-50°C and is mercury filled. The thermometers are supplied in a neat moulded plastic case for protection.

(UK distributors are Johnsons of Hendon Way, London NW4.)



Sundries

Guaranteed range

A two-year guarantee is given with the new range of hairdryers offered by Northern Blankets Ltd. Model NHD 10 (£4.95) is the hand-held dryer; NHD 11 (£5.45) is the hand-held dryer plus nozzle; NHD-12 (£6.95) hand-held dryer with hood, hose and stand; NHD 13 (£7.95) as NHD 12 with brush, comb and nozzle; NHD 51 (£9.95) a portable dryer with hood, hose, nozzle, brush, comb and shoulder strap (Northern Blankets Ltd, Royton, Oldham).

Fruit Sugar

Fruit sugar from Finland is imported by Kingsley & Keith Ltd and marketed by them under the Dietade trade mark.

Dietade fruit sugar is claimed to have nearly twice the sweetening power of ordinary sugar and to be three times sweeter than Sorbitol. Dietade fruit sugar can be used by slimmers and diabetics. Pack is a carton containing 8ozs (£0.35) (Eustace Miles Food Co Ltd, Colnbrook).

PRESCRIPTION SPECIALITIES

DALACIN C paediatric granules

Manufacturer Upjohn Ltd, Fleming Way, Crawley, Sussex

Description Granules of the palmitate ester of clindamycin to prepare a cherry-flavoured suspension containing 75mg clindamycin in 5ml

Indications For the treatment of susceptible organisms

Contraindications Sensitivity to clindamycin. Although cross-sensitisation to lincomycin has not been demonstrated it is recommended that Dalacin C should not be used in patients sensitive to lincomycin

Dosage Mild to moderate infection: (up to 11 months) 2.5ml every 8 hours, (1-3 years) 5ml every 8 hours, (4-7 years) 5ml every 6 hours, (8-12 years) 7.5ml every 6 hours. Severe infections: (up to 11 months) 2.5ml every 6 hours, (1-3) 5ml every 6 hours, (4-7) 7.5ml every 6 hours, (8-12) 10ml every 6 hours.

Notes Granules should be reconstituted with 74ml purified water

Side effects, etc As for Dalacin C capsules
Storage Granules stable at room temperature for at least 24 months. Following reconstitution stable for two weeks at room temperature

Pack 100ml bottle (£1.20 trade)

Supply restrictions TSA

Issued December 1971

PROMOTIONS

Baby food vouchers

During the next few months Robinson's baby foods will be inserting "2½p off" instant baby food and cereal vouchers in their Expectant Mother Advisory Service boxes.

The vouchers, valid until June 30, 1972, are being inserted with a copy of Robinson's newspaper *Nursery News* (Reckitt & Colman food division, Carrow, Norwich NR9 75A).

Coty's winter special offers

For the post-Christmas sales period in January 1972, Coty Ltd, Coty House, 3 Stratford Place, London W1N 9AE, have produced six special offers.

They include, an Emeraude Cologne Mist (£0.80), the chance for the tentative customer to test its effect for herself. There is a specially designed merchandiser for a counter display. Emeraude Talc (£0.35) is presented in a metal container.

L'Aimant talc (£0.40) and L'Aimant 1oz eau de Cologne (£0.40) "give the customer a chance to be extravagant." Muguet des Bois 1oz eau de Cologne (£0.35), a "special presentation at an especially competitive price." The Air Spun Matte Make-up (£0.60) is a double size version of the current Air Spun tube.

ON TV NEXT WEEK

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; CI = Channel Islands.

Aspro: All except E

Brylcreem: Ln, M, Lc, So, NE, A, U, B

Buttercup syrup: Lc, Y, NE

Chanel No 5: Ln, M, Lc, So

Famel adult cough syrup: All areas

Lucozade: All except Y, So, We, B, G and CI

Macleans Freshmint: All except We, G and CI

Protein 21 shampoo: All areas

Silvikrin hairspray: All except So, G and CI

Twice as Lasting: Ln, M, Lc, So

Vosene: All except So, A, U and We

Yeast Vite: Ln, M, WW, A, U

Week commencing December 26

Brylcreem: Ln, M, Lc, So, NE, A, U, B

Buttercup syrup: Lc, Y, NE

Famel adult cough syrup: All areas

Ironplan: All except E

Lucozade: All except Y, So, We, B, G and CI

Macleans Freshmint: All except We, G and CI

Protein 21 shampoo: All areas

Silvikrin hairspray: All except So, G and CI

Twice as Lasting: Ln, M, Lc, So

Vosene: All except So, A, U and We

Yeast Vite: Ln, M, WW, A, U

TRADE NEWS

£2½m sales for Harmony

Harmony hairspray, launched nationally on January 1 this year, has achieved sales of £2½m at rrp in its first year of national sales, say the makers, Elida Gibbs Ltd, Portman Square, London W1.

They expect that it will have reached a 15 per cent brand share by the end of the year.

Discontinued pack

Merck Sharp & Dohme Ltd, Hertford Road, Hoddesdon, Herts, advise that the 25 pack of Hydrosaluric-K tablets is now discontinued, although there will be some residual stocks in the trade channels, but the 100 and 500 packs remain in their range.

Christmas deliveries

Unichem Ltd, Morden, Surrey, announce the following arrangements over the Christmas holiday period: Delivery services from depots will operate as normal on Friday, December 24. On Tuesday, December 28 delivery services will operate in the morning and the depots will remain open in the afternoon, with a reduced staff.

Revised packaging

Packs in bright orange, white and black have been adopted for Gerovital H3. The preparation is made in Roumania and exported by Chemimport, Bucharest.

Each tablet contains procaine hydrochloride 0.1g, benzoic acid 0.006g, potassium metabisulphate 0.005g and disodium phosphate 0.0005g. Gerovital H3 is in packs of 25. Sole distributors in the UK are Tudor Trading Co, 1 Laburnum Gardens, London N21 3HO.

Spares and repairs

The shock announcement in August by Zeiss Ikon AG to withdraw from the amateur photographic field has been followed by the confirmation that all Zeiss Ikon and Voigtlander products manufactured since the war will enjoy a service guarantee of at least ten years.

Service crews comprising over 100 commerce experts at both Stuttgart and Braunschweig will be available to undertake jobs from customers, photographic dealers or the Zeiss Ikon-Voigtlander or Carl Zeiss organisations.

Kodak office in Bristol

A Kodak western sales office has been opened at Priory House, Marlborough Street, Bristol BS1. It is the third regional sales office to be opened by the company in the UK following a reappraisal of its distribution and marketing operations.

During the last eighteen months similar sales offices have been established in Manchester and London.

Customers are invited to visit the premises and to meet the staff; the sales office will form a useful base for Kodak representatives in the area. Mr G. A. T. Marlow, the manager of the Bristol Sales Office was previously manager of the Kodak northern sales office and prior to that appointment was Kodak regional distribution manager at Shenstone.

Mr Marlow will be assisted by Mr F. D. Isbell, supervisor of the sales office.

Feed block for sheep and cattle

A new formula Coopabloc (£1.51), the supplementary concentrated sheep and cattle feed block is now available from Cooper, McDougall & Robertson Ltd, Berkhamsted, Herts.



The block is recommended for use whenever supplementary feeding is required or grazing is inadequate. It contains a starch equivalent of 44 per cent and a protein equivalent of 20 per cent. The block is made up of a combination of fermentative by-products, cereals and urea. In addition to Vitamins A and D3, the block contains minerals; calcium, phosphorus, salt and magnesium, together with trace elements of zinc, copper, cobalt, sulphur, iron, manganese and iodine.

The circular shape, approximately 19in across, provides a large surface area and greater feed accessibility compared with square or oblong blocks.

It is recommended that it is fed only once or twice a week, at the rate of one block per week to 30-35 sheep on hill ground or one block to 25-30 sheep in lowland pasture.

Coopabloc is also a supplementary feed for cattle, including dairy heifers and stores and suckled beef cows. The recommended rate is one block per 8-10 beasts per week.

Cooper, McDougall and Robertson of Berkhamsted, Herts, offer a substantial reduction in price for quantities.

Marketing combined

Dobies of Chester, the mail order seed company, and Carters Tested Seeds, have announced plans for the joint marketing of their products for 1972.

All mail order sales will be undertaken

by Dobies whose 1972 catalogue now incorporates the Carters specialties previously only available through Carters Blue Book. Carters mail order customers will receive a copy of the new combined catalogue.

The full pictorial range of Carters branded seeds, including the new pelleted range as well as their bulbs and many other specialties, will be available from Carter stockists throughout the country who will now enjoy the exclusive retail franchise of the company's products.

These new arrangements follow a decision to amalgamate the technical departments of the two houses.

Automated soap production

Berkeley Soaps & Perfumery—now part of the International Generics group—has opened a new factory at Brompton Road, Hampden Park, Eastbourne, Sussex, to produce soap tablets on a fully automated soap plant, capable of a combined processing and packaging speed of 200 tablets a minute. Specialised plant has been installed for both film wrapped multi tablet packs and single tablet wraps. The products are available either under customers' own label or Berkeley brands.

New GePe leaflet

Photopia have produced a new leaflet which covers the complete range of GePe products, including the GePe range of transparency frames, which are available in no less than 10 different sizes—from 8 × 11mm to 40 × 40mm.

The leaflet gives details of other items in the range including 4.5 × 6cm and 6 × 6cm slide frames, glassless full-frame and half-frame 35mm holders in 100 packs, transfer trays and storage boxes for Kodak Carousel, dual-gauge 8 movie reels, slide magazines, 6 × 6 transfer tray and a 2 × 2 slide box.

GePe products are manufactured in Sweden and distributed by Photopia Ltd, Hempstalls Lane, Newcastle, Staffs.



This new showcard for Prioderm (mala-thion) lotion has been issued by Priory Laboratories Ltd, Pyramid Works, West Drayton, Middlesex.

Prospects in the practice of pharmacy

by H. B. Coulson

This article comprises the substance of a paper given by Mr Coulson at a recent NPU area meeting. It brings up-to-date the material contained in the paper that appeared in *C&D* on November 14 (page 709).

Today we consider that a pharmacy should not only pay an owner-manager his salary as a manager, but also a profit to cover return on his investment, and an extra element for entrepreneurial risk.

This has not always been so. Before the 1914-18 war the proprietor's problem was often to make a living for his family—bare subsistence.

The 1946 settlement for the introduction of the National Health Service was better than expected. An immediate effect was to give a very marked increase to the salaries of employed pharmacists and these have continued to rise ever since. At the same time many pharmacists thought that the millennium had come when they could earn their livings by the exercise of their pharmaceutical skill and knowledge. They retreated into their dispensaries, left their counters in charge of girls and took no interest in the ancillary sales of a pharmacy. The manufacturers of these goods predictably looked for their sales elsewhere.

The present

I want to take as our starting point the smallest pharmacy that is considered viable today. The word "viable" may be used in different ways. In this context I do not mean "viable" in the sense that it can keep its doors open, or even to make a profit, but that it makes sufficient profit to be attractive to a would-be purchaser, and at least to be able to earn, over and above what one would consider to be a normal manager's salary, sufficient profit to pay the interest charges on money borrowed and the repayment due out of taxed income.

It is considered that such a pharmacy at present has a turnover of about £27,500 per annum. Historically, since the war, in the smaller private pharmacies, salaries—pharmaceutical and otherwise—rents, rates and general overheads have risen faster than turnovers. Each significant rise in

overheads changes a few more pharmacies from being just viable to being non-viable.

At the inception of the NPU Business Purchase and Guarantee Fund a business with an annual turnover of £6,000 was considered to be viable. By 1955 this figure had risen to £15,000 and in the early 1960s to £20,000. It will continue to rise.

The business, if recently purchased, will probably have about £5,000 worth of stock, £2,000 of fittings and may have cost about £9,000. Its turnover will be made up of about 43 per cent NHS, 17 per cent of retail sales of medicines and surgical appliances, and about 40 per cent of retail sales of the traditionally associated lines including photographic goods and cosmetics. It will return to the owner about £3,800 per annum.

I calculated that in 1968, using up-dated figures from the 1966 Census of Retail Distribution, on average each member of the population was spending, if you include the money from NHS prescriptions, about £6.25 a year in private pharmacies. Of course he spent a considerably larger sum on goods which he might have bought from private pharmacies, but the balance is spent with Co-operative and multiple stores, and to an increasing extent with supermarkets, grocers and other retail outlets outside pharmacy. I must also add that wide deviations from the average occur in different areas and circumstances, and also that small pharmacies generally get less and large pharmacies more.

Nevertheless, the figure is useful insofar as it can teach us something about the economic distribution of pharmacies. Using it we can at once calculate that our smallest viable pharmacy needs a population of 4,400 to support it. Given, further, that in East Anglia, and probably fairly

generally, the density of population in the main towns is 7,400 per square mile, you will find that the shop is catering for a population living in about six-tenths of a square mile. And if you assume that the customers are grouped in a circle round the pharmacy you will find that this circle has a diameter of roughly seven-eighths of a mile.

Here we must stay to note the following:

- ☐ That the pharmacy is not viable without its NHS dispensing.
- ☐ That it is equally not viable without its non-medicinal counter sales.
- ☐ That beyond providing a courteous and efficient service so as to attract as many customers as possible, there is nothing that the owner can do to increase his dispensing. Likewise, since it is against Society policy to try to sell to customers medicines in excess of their needs, this side of the business cannot be increased either. The only scope for increase lies with non-medicinal retail sales.
- ☐ Any marked increase in salaries or other general overheads will render the pharmacy non-viable.
- ☐ Such pharmacies need to be situated seven-eighths of a mile apart.

Important judgment

At this stage it is pertinent to quote from Mr Justice Buckley's Resale Price Maintenance judgment in which he referred to the desirability of preserving if possible, pharmacies with a turnover of £25,000 per annum, in which he said: "We consider that ease of access to a chemist's shop is a matter of public importance, particularly having regard to the fact that many members of the public who make use of a chemist's shop are old, infirm, or the mothers of young children. A plentiful and well-distributed supply of such shops is therefore desirable". Historically, this was a most important judgment and if heeded will have an important effect on the future of general practice pharmacy.

Here, again, we must note that since under economic pressures the smaller pharmacies are continually closing down, the survivors are of necessity further apart, and cater for larger populations, and at the same time are less closely in direct competition with each other. The further apart pharmacies get the greater will be public pressure for an extended "general sale list" and the more difficult it will become to prevent it.

Let us do some more arithmetic. The area of a circle is πr^2 , so that the population enclosed in a circle varies as the square of the radius. The results are somewhat startling, as shown below:

Distance between pharmacies	Population served	Expected turnover	Estimated income of owner-manager
$\frac{7}{8}$ mile	4,200	£27,500	£3,800
1 mile	5,000	£31,500	£4,000
$1\frac{1}{4}$ miles	7,400	£40,000	£5,000
$1\frac{1}{2}$ miles	13,000	£81,000	£9,500
$1\frac{3}{4}$ miles	18,000	(£117,000)	
2 miles	23,000	(£150,000)	

Where does this get us? Firstly, since there are hardly any private pharmacies with a turnover as high as £81,000 per annum the scatter of pharmacies economically is between seven-eighths and $1\frac{1}{2}$ miles apart. Secondly, there are pharmacists who say that retail pharmacy should be confined to the sale of and supply of medicines only. Such pharmacies would have to be at $1\frac{1}{4}$ miles apart, and in running such a business the owner would be forfeiting a potential income of about £3,000 extra per year from sales of ancillary goods.

Let us have a look at the environment. The public has shown a strong preference for the open display, self-selection type of business. This means that fewer but more competent, knowledgeable staff are needed to be able to advise customers. Even so I see little chance for survival without modernisation.

The public has also shown a great preference for shopping where it believes goods are cheap. Prices are a ruling factor. To survive, a shop must at least show itself to be competitive on non-medicinal lines; and the supermarket idea that sales volume and net profit matter as against traditional profit margins and lower sales is, under public pressure, becoming irresistible. At present in this field the multiple stores and supermarkets are gaining ground rapidly at the expense of the private pharmacists.

Purchases down

As I said, my calculations were done on 1968 figures. The latest figures only just received suggest that in 1970 the spending per person at private pharmacies is down to £5.2 per annum—a drop of £1 in a period of 2 years which shows the grave inroads into the turnovers of private pharmacies being made by their competitors. It is likely that the average gross profits earned will also prove to be reduced.

And let us look at the reasons for which the general practice pharmacists have the NHS dispensing contract. They are threefold: moral, geographical and economic. Moral, because at the inception of the National Health Service it was unthinkable that retail pharmacies should be driven out of existence by being deprived of an essential part of their income. Geographical, because we could offer the Government dispensing points of convenient access to the public in all urban areas, which they could not match except by phenomenal capital investment. And economic because the overheads of an establishment are shared between dispensing and retail sales. If, through rising costs, our pharmacies become too far apart, or through loss or abandonment of our retail sales we lose our economic advantage, I have little doubt that plausible arguments would begin to be adduced as to why the moral reason no longer applied. From the figures given there is no doubt that public dispensaries situated two miles apart, would be economically cheaper, and would only be situated one mile away from any member of the public, and in the light of this the present development of health centres has a grim significance for us.

Let us turn to the immediate future, by



which I mean the next 10 to 15 years. We have two methods of prediction, either by looking at what has happened in comparable businesses here or in the USA (which is usually about 10 years ahead of us), or by projecting existing trends especially where these lend themselves to be plotted graphically and show regular curves which can be projected forward.

Both methods lead to the conclusion that in the next ten years there will be some 2,600 less pharmacies in Great Britain than at present and in the same period the sales of goods normally sold in pharmacies will have increased by 40 per cent. It may be said with some confidence that only those pharmacies which are at present large pharmacies, or those which because of the closure of other pharmacies have in the meantime become large pharmacies, will survive.

Pattern of sales

It is expected that from the pharmacies that close 12 per cent of the business will go to other pharmacies and the remainder to multiples. Co-operatives and stores. Projecting on this basis our smallest viable pharmacy at present will have a turnover in 1981 of about £43,000 while a pharmacy with a present turnover of £40,000 will have a turnover of £63,000.

Closure of the smaller pharmacies is unavoidable, and as the survivors will be bigger and probably better equipped, to a limited extent economic pressures will be likely to bring about, in effect, the desired "planned pharmaceutical service" and if better dispensing conditions can be obtained in rural areas an increased and improved pharmaceutical service will be obtained.

By combining the interaction of the various factors which obtain now and those which will obtain in the future, we can come to some conclusions.

□ That the pharmacies of the future will be situated further apart than at present, and will be considerably bigger and better equipped. They will be more prosperous than ever before.

□ That their non-medicinal counter sales will continue to be important to their viability. Shops will be of the self-selec-

tion type, and will lose this part of their turnover to competing stores unless they themselves are competitive and are seen to be competitive.

□ The new generation of pharmacy managers will accept and grow up with this condition. In addition to being professionally capable they will be keen and competent business men.

□ Two-pharmacist pharmacies will be much more common than at present.

□ Because of the decrease of direct competition between pharmacies, co-operation for mutual advantage will increase. In areas, loose or tight groups will be formed which may co-operate in many ways.

□ So far, NPU services have been open to all members optionally without restriction or obligation. The keener business types are already combining and accepting obligations in order to obtain greater advantages. This trend will grow—probably very significantly. In this connection it is important to note that voluntary trading organisations which are quite different from buying groups, have emerged as a significant force in grocery, and have succeeded in reversing the trend of losing the sales to the multiples, and are making progress against them. It may well be that similar protective counteraction will prove necessary in pharmacy. But meanwhile NPUM must be supported and made to be effective.

□ Sheer economic pressure is likely to produce a distribution of pharmacies approximating to a "planned distribution". Any loss of pharmacies beyond this point will be harmful, and a significantly greater loss could be disastrous to retail pharmacy as a whole if we cannot maintain a satisfactory spread for the NHS.

□ The value of a pharmacy to a community goes far beyond the dispensing service. This is usually discovered after a pharmacy has closed down. In my view a public relations exercise to publicise the value of the pharmacy to the community should be undertaken at once.

□ Because of the value of a pharmacy to the community the practice of leap-frogging, where one shop by depriving several others of NHS dispensing and so making them non-viable, may deprive whole areas of a pharmaceutical service. I believe that limitation of NHS Contract to prevent the pharmaceutical service of an area being damaged in this way is now far more possible than it was a year or two ago.

□ The pharmacies which can be saved, but are at greater risk, are the suburban pharmacies suffering from the competition of supermarkets and other cut-price stores, but the heaviest competition comes from city centre stores. Here is a gleam of hope. Difficulty of car parking and increasing bus fares are discouraging factors for people to journey into the city centres, and they may feel that it is not worth doing so if the local shops are reasonably competitive. And price competition is less important to people who have to watch the saving of every penny.

The Common Market has so far resulted in much greater affluence for people in it, and if it has the same effect in this country, it may have an important effect in keeping our pharmacies in business.



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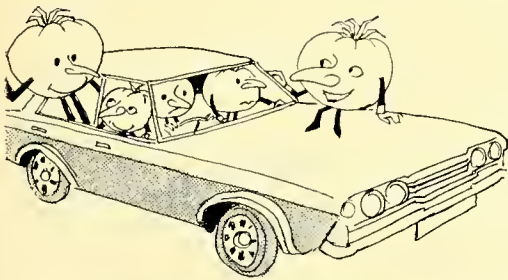
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The incidence of spontaneous proboscization in most species of non-vertebrates and lower vertebrates is rare. Schlumberger and Legroise (1797) found four previous reports of pseudo-probosces (otherwise known as hook-nose) in fish and one doubtful case in a meadow frog. Doddyken (1968) gives examples of these bent-stick-like protuberances in vegetables growing in the Diddimite mountains of Afro-Asia and they have also been observed at St Just when the whiffle-waffle birds have completed their third circuits during the Spring equinoxes—a practice, we understand, as much honoured in the observance as in the breech.

The plant presently in question was a specimen of the common tomato provided on April 3, 1969 by L'Academie de St Dorothea de Crowlas through the courtesy of Professor Rosie O'Brien Brien. It was suspect *ab initio* as its sibilitees were known



'... transported in an amber-gold vessel'

to be related. Eurocross, or the Common Market cropper, is theoretically incompatible with Moneymaker of the external-internal inland revenue cutter strain. We assumed that the intention was to provide a dual purpose fruit—after use as a table decoration for lunch, to be chopped up and included as an unusual ingredient for a prawn cocktail consumed during sundown at Neap tides.

The plant was carefully transported in an amber-gold vessel, 1,600 cubic centimetres, supported by four hemi-semispherical (when seen standing on the capitus) rollers of dried latex from ficus elastica and force fed with ethyl alcohol. Said vessel is on general sale under the brand name Cortina.

The plant's new quarters had a southerly aspect and, in case of emergency, were within spitting distance of the fire station and a quarter of an hour bicycle ride from the Lifeboat House at Pendeen.

Soil was carefully prepared using a bulldozer and a flour sieve.

Six inches of heifer's dung compost (formula $2 \text{ Co}_w + 4 \text{ PI}_{gs} = \text{PheW!}$) well garrotted and rubbed down with wet and dry sandpaper, was rolled out on a pastry board and interlarded with 3mm strips of terra simplex.

Adequate ventilation was maintained

When your tomato looks down its nose...

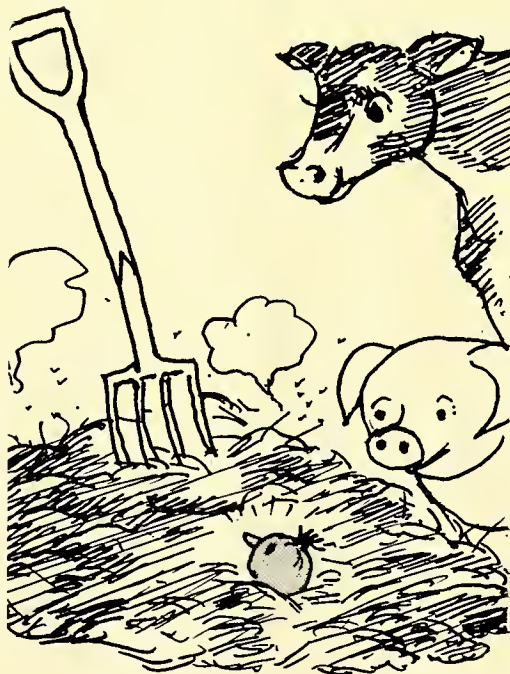
A diversionary thesis by Maurice O'Brien and Cuthbert Field Illustrations by Hut.

throughout by a Maurice hydrostatic artificial burper (patent applied for) linked with an eccentric oscillator which hurled large lumps of Crowlas rock through the greenhouse lights at frequent and pre-selected intervals.

Growth continued normally until week six (PAYE Code 674 and no rebate). On May 27, signs of bi-furcation appeared above the first flower truss. This was watched with interest and it was then that we first suspected congenital whiffle-wafflosis (St Just strain). However, by week eight it was apparent that this was not so, or at least, was atypical as it did not disappear in the usual puff of smoke as does the WWB.

On July 3 we decided to amputate the left bilateral posternal as it was showing signs of embarrassing Acer dissectus var

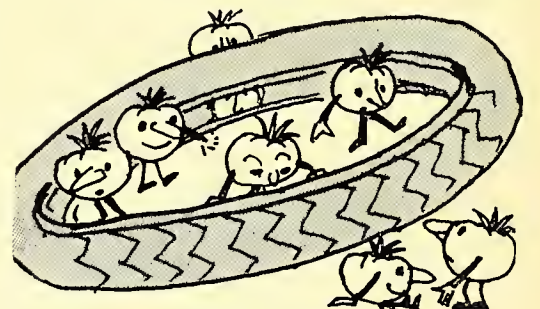
'... heifer's dung compost well garrotted'



Palmatifolia in the right anterior margin.

Flowering proceeded normally except on one occasion when the sifter developed mild symptoms of congestion—cleared rapidly with 300ml of Ext Cascara Liq. Fruiting followed with vigorous profusion. The thoroughbreds on either side first turned green with envy and shortly afterwards red with shame when the prognosis of a developing proboscis was confirmed by histological section.

Microscopical analysis showed a relationship with the leaning tower of Pisa, but more in the horizontal plane, and a droop at the didymus. The mesenchymal cells were mostly undifferentiated but in the less cellular areas the cells are spindle shaped and have produced moderate amounts of collagen. Patchy calcification with ossification of the osteoblasts demonstrated the absence of a dense reticulin



'... component of a repair kit'

network and at the periphery invasion of the diaphragmatic muscles has been observed to occur.

The occurrence of two proboscicated protuberances on successive trusses of the too-ma-too plant is unique and should certainly be referred to the bank manager as evidence of a superbly healthy overdraught. On the other hand such evidence should be withheld from the Inspector of Taxes who, accustomed to poking his proboscis into other people's business, might become insanely jealous and decide that horticulture is a most lucrative and rewarding occupation.

The potential of this plant is tremendous. Care should be taken in the differential diagnosis not to confuse with the edifice standing in the public gardens of Brussels. Apart from that, the following applications, in addition to its normal culinary use, are suggested:

1. Self-supporting buttonhole
2. Plug for the kitchen sink
3. Hollowed-out could serve as an ear syringe
4. Component of repair-kit for tubeless type tyres
5. As a display-aid for spectacle frames in opticians' windows
6. Builders plumb-bob
7. Trademark.

COMPANY PROFILE

R. Brooks & Co.

Leeches and Covent Garden

The heading on the company's notepaper describes R. Brooks & Co as specialists in culinary and medicinal herbs, spices, garlic, shallots, seeds, flower bulbs, importers and exporters, with an address at 30 James Street, Covent Garden, London, WC2. There is a reference to a crop drying and processing plant and the main warehouse at Tithe Farm, High Street, Langley, Bucks—but there is no mention of the fact that the company is probably the largest, if not the only, importer and exporter of leeches in the United Kingdom.

The leeches are imported from the Continent and brought in by air, immediately collected on arrival and transferred to Tithe Farm, where they are maintained in carefully adjusted conditions ready to meet any demand that may arise. They are mainly required for teaching and research into their enzymes and hirudin.

However, the importing and exporting of leeches is but one facet of the business—now owned by Mr J. L. H. Lucas—which includes the running of a market garden and garden centre; but that is not all, for his associated interests could “fix your car or provide specialist garden furniture.”

Mr Lucas is an active person, constantly reviewing his services, making sure that his many faceted organisation is running efficiently. He readily admits he cannot put up with those who show any reluctance to work and he seems to have gathered around him a number of enthusiasts who make sure that R. Brooks & Co ticks over efficiently.

The company can trace its history in the Covent Garden area to some time after 1671 when a Market Charter was granted to the then Earl of Bedford. Fresh herbs were offered there for sale



by country folk and records show that a James Butler, who followed the Quaker faith, had established a herbalists business in the South-west corner of the market. His name is still inscribed over the arch in that corner today, as can be seen in the picture at the foot of this page.

In 1735 he established a partnership known as Butler, McCulloch & Co, which traded under the sign of the “Crown and Thistle” in all kinds of herbal preparations and spices. Butler and McCulloch were later formed into a limited company and subsequently acquired by Potter & Clarke Ltd, but the association with Covent Garden continued through Mr Richard Brooks, a member of the old company at the time of the acquisition, who remained in Covent Garden trading under the name of R. Brooks & Co.

Mrs Helen Lucas, mother of the present owner, bought the business from Mr Brooks when he wished to retire, and built up a considerable trade in culinary herbs and specialities such as garlic, distributing this article for the Ministry of Food during the war years, and overcoming many difficulties by increasing the cultivation and production of many foods in England. Mrs Lucas still watches, critically, the policy and development of

the business, though no longer taking an active part. No doubt she expects her son to provide a high standard of stewardship until the next generation is ready to take over.

From Covent Garden the company has developed into an international organisation and at one time tons of English herbs were dried in modern dehydration processing works at Langley. Times have changed and the company now imports large quantities of herbs, spices and seeds but some drying and the processing still continues—culinary and medicinal herbs in wide varieties being issued in bulk and under the trade marks Lucullus and Healthfarm.

To return to leeches, if one asks Mr Lucas whether he anticipates the demand will continue, he will quote the French author who stated that, although it might be thought paradoxical to apply leeches in this current age, nevertheless “Bleeding remains one of the ancient facts of therapy which survives all changes in fashion and all progress in the art of healing. Moliere did not kill it and it will survive at least as long as that medication which may be termed symptomatic. It will doubtless survive even longer, because in essence, it is surgical.”

A link with the past: James Butler's original sign in the South-west corner of Covent Garden market



COMMENT

Contain not proscribe

The Council of the Pharmaceutical Society of Gt Britain rarely demonstrates so publicly divisions of opinion within its membership, as has been shown on the topic of samples. It is unusual, too, that those who are against the majority should ask that their names be recorded. That being so, it is evident that Professor Beckett, Messrs Lees, Stevens, Sparshott, Balmford, Mrs Leigh and Miss Burr felt strongly enough against The Practice Committee recommendation to insist that their opposition be recorded to the suggestion that manufacturers of medicines should provide samples only for clinical trials or research.

Perhaps the real problem of the Council—one that is not unusual in Council matters—is the lack of precision in defining what was meant by a “sample.” The press statement said the decision related to samples in the normally-accepted meaning of the word and not to supplies of medicines provided to physicians for *bona fide* controlled clinical trials or research laboratories for analytical or other work.

A sample in the current content of pharmacy could be: a catch-cover containing 2, 3 or 4 tablets packed and marked appropriately, or, a bottle of 25 or 100 tablets, possibly the smallest quantity assembled on the normal production line. A sample for clinical trial could mean a course of treatment for a number of patients to ensure a reasonable response to enable a satisfactory appraisal, or, in the case of a hospital, a bottle of 1,000 tablets—a minimum hospital pack. Thus the range of possibilities is wide. Why are samples offered? At least two parties must be in agreement for sampling to function—the giver and the recipient. The manufacturer provides samples to make his product more widely known or better established. It is a universal commercial ploy.

The doctor looks at a sample either as a magpie, as a gift not to be refused, or as a therapeutic agent to be tested and tried—or as a reference. We believe it is essential that the doctor knows what he is prescribing. He should not only be aware of the therapeutic activity of the product he is prescribing but equally important he should know the physical characteristics of the preparation

being prescribed. The fact that the capsule is bicoloured, the linctus strawberry flavoured and the ointment green should be known to him.

Patients do get tablets and capsules mixed and ask doctors “which is which,” and it would be wrong if the doctor could not help in that situation because he had not seen the preparation.

Sampling and samples also arise in another context: the relationship between the pharmacist and the manufacturer. Here again there is a problem of definition, for from some viewpoints there is little difference between a “sample” and a “bonus offer” based on the purchase of, say, one dozen and getting *X* free of charge. Again the manufacturer hopes that his “free” bait will increase the turnover of his products.

A matter of degree?

If a medicine is offered as 14 invoiced as 12, are the two extra to be regarded differently from samples? They are apparently “free” and are offered with the same end in view. Commercially it is an accepted practice, especially when introducing a product on to the market and the majority of the members in retail practice are happy to accept “free” medicines in the form of bonuses for resale.

If the Council proscribes the sample to the doctor, surely it should act similarly in respect of “bonus offers” for medicines.

To return to sampling to doctors; as we have indicated, we think it is in the public interest that the doctor knows the preparation he is prescribing and that can most easily be done by “sampling.” Nevertheless we recognise the validity of some of the arguments put forward by those who wish to proscribe sampling.

The real problem arises only when there are extremes in sampling—when the manufacturer (or his representative) is too generous in his giving. That is the problem that can be attacked on the grounds of public interest. The Council should exert pressure to contain the practice not proscribe it. To prevent sampling completely cannot be fully upheld from the public point of view—and it can so easily be criticised on the grounds of self interest—and that doesn't help the pharmacists' public image.



CHEMIST AND DRUGGIST

WISH ALL SUBSCRIBERS, ADVERTISERS
AND READERS A



MERRY CHRISTMAS

and a

PROSPEROUS NEW YEAR



PROFESSIONAL NEWS

Working party on contractors' service hours

The Central NHS (Chemist Contractors) Committee, at its November meeting, decided to set up a working party to consider the whole question of chemist contractors hours of service.

The decision was taken following a suggestion from a pharmaceutical committee that a national scheme be introduced for after-hours dispensing with "on-call" pharmacists for every population group of 25,000-50,000.

A document, supplemented by verbal reports about the Committee's latest representations to Customs and Excise, about the operation of the forthcoming value added tax was considered by the meeting. It was agreed that urgent discussions with the authorities should continue until satisfactory answers were obtained to the proposals and representations being made on behalf of contractors.

Meeting with Minister

The Committee received a report of the meeting between its representatives, with representatives of the Pharmaceutical Society, and the Minister of State, Health and Social Security, Lord Aberdare. Among the subjects discussed were the membership of Area and Regional Health Authorities, the mechanism of professional advisory machinery at area and regional levels, the structure and functions of Community Health Councils, and the constitution of the Family Practitioner Services Committee. Lord Aberdare said that he noted all the points put to him.

The meeting discussed the approaches made to the expert advisors nominated by the Central Committee and to those nominated by the Department of Health who had been appointed to review the basis of calculating the profit margin of NHS remuneration. Arrangements had been made for the submission of evidence without delay.

A report was received on the progress of the arrangements for the forthcoming enquiry into the levels of discounting of net ingredient costs.

Representations would be made to the Department of Health about the insufficient time interval allowed by the Drug Tariff for the collection from patients of equipment notified to the chemist by the Executive Council as being no longer required. The Tariff allowed two days from the sending of the notice whereas the Committee felt that in today's postal conditions, and allowing for weekends, seven days was a reasonable time. Alternatively, the Committee would agree to the period of "two days" being retained if the period commenced from the receipt of the notice by the chemist.

It was noted that a memorandum had been received from the Socialist Medical

Association saying that it was collecting evidence on the future of pharmacy in the National Health Service.

A report on the arrangements, notices and timetable for the pharmaceutical committee elections for the term of office commencing April 1, 1972 was received.

Scottish drug testing scheme results

From a total of 720 samples submitted under the Scottish Drug Testing Scheme during the year ended June 1971, 13 were the subject of adverse reports.

That information was given in the recently-published report on the scheme in which the Pharmaceutical Society acts as agents for the Scottish Home and Health Department. Twenty-six of the samples were dressings which were sent to the Manchester Testing House for examination; the other samples were examined in the Society's Edinburgh laboratories. The report states that 113 Prescriptions were marked NP and in all but two cases the pharmacist had complied with the request. In many cases the container had been labelled with the name of the preparation although this had not been requested on the prescription.

There had been a further increase in the proportion of light-resistant containers being used.

Five samples of dressings were reported as unsatisfactory by the Manchester Testing House. In one case the container was considered unsuitable.

Adverse reports

Cases in which adverse reports were submitted to the appropriate executive council included:

Penicillin V syrup 250 mg/5ml was dispensed when syrup containing 125mg/5ml was prescribed.

Syrup V-Cil-K paediatric was dispensed for the normal syrup.

Linctus Piriex was labelled "5ml three times daily" when "10ml three times daily" was prescribed.

A mixture was dispensed as 500ml when 300 ml was the metric equivalent of the quantity prescribed.

Diluted Cocillana syrup was 10 per cent deficient in active ingredients.

Sinequan M10 capsules were 28 per cent in excess of the number prescribed.

Diluted Stemetil syrup was 50 per cent deficient from the amount prescribed.

Cotton-wool was considered too "neppy" in four samples.

Lastonet bandage did not comply with the specification.

In the following cases the pharmacist was advised of the findings but no formal adverse report was submitted.

Tablets in a strip pack dispensed in a paper bag.

Deficiencies of 11 per cent, 12 per cent and 13 per cent respectively in the quantity of extemporaneous ointments dispensed.

Linctus codeine phosphate 200ml dispensed

when no quantity was prescribed. The BNF recommends 100ml.

Syrup Ilosone with a 2.5ml dose volume prescribed. This should have been diluted to give a 5ml dose volume.

In a sample of proprietary tablets the variation in weight was considered excessive. The manufacturers were informed but no formal action was taken.

Minor discrepancies of 1 to 4 per cent between the number of tablets dispensed and the number prescribed which were not reported amounted to 12; in 8 of those the number supplied exceed the number prescribed.

Incentives for change outlined by PSI president

An entirely fresh approach to the sale of medicines over-the-counter would be adopted following the introduction of medicines legislation, predicted Mr R. J. Power, president of the Pharmaceutical Society of Ireland, recently.

Judging by the practice in other countries, he said, regulations could be anticipated dealing with quality control, licensing of premises and restrictions on people who manufacture, wholesale and supply medicines.

Mr. Power, who was speaking at the conferring ceremony in the College of Pharmacy, Dublin, on December 7, expressed confidence that in the interim Irish graduates would examine circumspectly any propositions they might receive to join in enterprises which could involve a lowering of professional standards, with the resultant danger of pharmacy as a profession becoming less and less attractive to the science-orientated students of the future.

He said that despite the success achieved by high-pressure sales techniques in other fields, it was gratifying to record that pharmacists had resisted the allurements of quick profits in order to maintain their traditional ethical standards. Counselling caution in the preparation of advertisements in connection with the provision of pharmaceutical services, he said that phrases such as "instant dispensing", "medicines while you wait", implied skimping of professional service. He stressed that there was no such thing as push-button dispensing and said that the public were entitled to and should always receive the fullest protection a pharmacist could provide.

A total of 17 were conferred—the smallest number on record—and the president, describing this as significant, said the Council was concerned that pharmacy was not attracting school leavers in sufficient numbers each year to replace losses due to deaths or retirements. His predecessors had frequently predicted this decline and had pointed to the unsatis-

factory structure of pharmaceutical services as the underlying cause. It was pleasant therefore to welcome the implementation of the 1970 Health Act, and particularly the new arrangements for the supply of medicines to eligible people through community pharmacies.

"I think that other changes are necessary," he said, "to ensure that pharmacists can play a role in the Health Services commensurate with their training. I believe that all medicines should be confined to pharmacies; that incentives should be offered to pharmacists to practise in remote areas and that the position regarding pharmaceutical services in hospital should be reviewed in conjunction with the proposals contained in the FitzGerald Report."

Stating that already the pharmaceutical industry was utilizing the services of pharmaceutical chemists in ever-growing numbers, he said he had been informed that the demand would grow rather than diminish.

The president said there was an obvious need to persuade parents and the public generally that medicines in the home should be carefully stored. Calling for the destruction of unused medicines, he said that it was a curious fact that people saw nothing illogical in taking medicines prescribed for somebody else. It had always surprised him that so many people paid for medical advice and then failed to follow it fully.

In his opinion there was a pool of potentially dangerous medicines stored in the average home by well-intentioned, intelligent people whose aim was to assist members of their family or their friends. Unused medicines should be disposed of by incineration if possible.

Those conferred were:

Honours: Mary J. Lalor; S. B. McCauley. **Pass:** Clodagh Brady; Clare J. Burke; E. C. Crowley; Sheila M. Kieran; Mary J. S. O'Reilly; Mary J. Roice; Mary R. A. Tracey; P. M. Quigley.

In absentia: Penelope K. P. Crisp; Veronica M. Gregg; Francis P. Kelly; D. S. Leavy; S. Y. Majeed; R. J. O'Rourke and P. T. P. Gun.

S. N. Cunningham of Zambia, was awarded the Antigen Prize and the P. C. Cahill Memorial Prize.

Pharmacists' role in health centres

The need for pharmacists to be brought into consultation by the authority, in the early stages of planning a health centre, was stressed by Mr John Ferguson, assistant secretary of the Pharmaceutical Society when he spoke at an "open forum" held by the Liverpool branch on December 7.

He referred to "one particularly important sentence in a report of a sub-committee of the Standing Medical Advisory Committee published in October" which recommended that: "At the earliest possible stage in the planning of the health centre or group practice premises, consultation should take place with repre-

sentatives of the pharmaceutical profession in the area, on the necessary provision of the pharmaceutical service." This appeared in the report because of the strong efforts made by the Society to make the case for early consultation, said Mr. Ferguson.

If a number of doctors set up in practice in the same premises it was bound to have some effect on pharmacists in the area. The 1968 Act made it clear that the local authority could provide accommodation at a health centre for pharmacists in respect of contractor services and also that the pharmacist may sell products that come under the heading of health care.

Too often in the past, pharmacists alone of the professions in the Part IV services had been the last to be consulted, he declared. Within reasonable limits the patient was prepared to travel to see the doctor, the dentist or the optician, but the siting of a pharmacy in relation to the point at which the great majority of the prescriptions were issued, was of vital importance.

"We must continually press to be

LETTERS

Thoughts from abroad

"Provocativa" (December 4 p 841) could have gone a stage further and considered our part of any sanctions by the European allied health professions. Surely the world would not end without Bisodol and Bismag (Mr E. C. McGregor, same page).

Taking a leaf out of political books we could destroy the jigs and tools of our pharmaceutical versions of TSR2 and with £600m down the drain prescribe the buying of American F111s or some other nameless pharmaceutical wonders. In this Luddite escapade we should not lose sight of the fact that the pharmacist is usually the director who has to hire alongside the factory gate! Doubtless the PAGB would pick up the patents and award some more maps of ancient Nottinghamshire. PAGB medicaments are quite potent! Still we *could* sell and prescribe real lemons and health foods or something, or even do a "quid pro quo"—17 Bloomsbury Square for a share in Westminster!

What price a merger, Mallinson House with County Hall—not forgetting a bid by Beecham's of course?

On reflection, nothing *need* be done to harm the truly ethical manufacturing or wholesale house. The answer in terms of Mr Heath's "new equilibrium" is, therefore, distinct and allied health professions within the scope of a planned, properly remunerated NHS, with cross-fertilisation and re-training—should there ever arise, for instance, an end to dental caries.

We need *all* the medicines (except olive oil with no recommendations) and an end to *all* unethical advertising. We retain personal recommendation by the pharmacist.

What price a fully salaried service—

brought into the discussions when the question of a health centre is no more than a tentative proposal," said Mr. Ferguson. The role of the local Pharmaceutical Committee was important and its members should be constantly on guard and should, when necessary, be forceful and strong in protest. When the Pharmaceutical Committee was asked if they wished provision to be made for a pharmacy in a health centre to be built at a particular place, their response should often be to enquire why the proposed new site for the health centre was in the particular position and what consultations with the professions and the public led to the choice of site.

Replying to a question, Mr Ferguson said that any group of pharmacists wishing to practice in a health centre should take adequate safeguards. For instance, they might commit themselves to occupy so many square feet at a stipulated rental, provided the number of doctors did not fall below a certain number, and provided the number of prescriptions did not fall below a stated minimum.

wholesale service included—or is that beyond contemplation (I think the late Iain McLeod had something in mind).

If Provocativa has in mind that such terms as "pharmaceutical", "chemist", "medical", etc should indicate professional control, that has had no success to date—likewise any "Report" alone. If he thinks that Governments will leave the financial and economic aspects in professional hands, then banking with a rather bigger "Red Book" is indicated.

Pharmacist
Manchester

Pharmacy students

In view of the Society's decision to revise extensively the by-laws relating to pre-registration experience, the British Pharmaceutical Students' Association is currently investigating various aspects of the pre-registration year. In particular, we have recently held discussions with the National Pharmaceutical Union on the situation regarding employment of preregistration students in general practice pharmacy. We are greatly concerned that less than 25 per cent of the places available to students in general practice are in independent pharmacies, although we are very much aware of the practical and financial difficulties which seem to make this situation inevitable.

In order that we might further assess this situation, we would welcome comments and ideas from any general practice pharmacist who has had experience of the problems involved in employing pre-registration students, and would be specially interested to hear from anyone who has, for any reason, now ceased to employ students.

In the meantime, we are currently compiling a list of vacancies in general practice for next year. We invite pharmacists to write to us if they wish to be included in the list which will be circulated to all final year students.

P. Sharott
President, BPSA

MARKET NEWS

Celery seed price doubles in week

London, December 15: The war between India and Pakistan, creating difficulties in shipping, etc, caused holders of celery seed to advance their quotation to £500 per ton against £250 last week for spot material. Meanwhile shipment offers were withdrawn. It seems that most other commodities from India have not been affected. Dearer among crude drugs were chillies, kola nuts and lanolin.

Lower were cassia *lignea*, gentian root, Costa Rican *ipecacuanha* and pepper.

In essential oils, citronella from Ceylon was lower for shipment. Petitgrain rose sharply to £3/kg spot while East Indian sandalwood was up by about £1/kg in the absence of Mysore quotations.

Among a number of price increases in pharmaceutical chemicals were brucine sulphate, gallic and tannic acids, magnesium sulphate, calcium carbonate, narcotine and physostigmine.

Pharmaceutical chemicals

Benzoic acid: One-metric ton lots £30.42 kg.
Boric acid: BP grade per metric ton: granular £99; Crystals £140; powder £110; extra-fine powder £114 in paper bags, carriage paid. Technical is £20 per 1,000 kg less than BP grades.
Brucine: sulphate £20 kg.
Calcium carbonate: BP precipitated £49 per 10,000 kg.
Cantharadin: £75 per 100 g.
Cinchocaine hydrochloride: £42.50 kg.
Citric acid: BP granular hydrous per metric ton 50-kg lots, £337; 250-kg £325; 1,000-kg £313. Anhydrous £358, £346, £334 respectively. Premium for powder £10.
Dimidium bromide: 5-g lots £3.20 g.
Dextromethorphan: Hydrobromide £98.53 kg.
Gallic acid: 1,000-kg lots £1.62 kg.
Iodine: Chinese crude £2.08½ per kg; resublimed £2.87 in 50-kilo lots.
Isoprenaline sulphate: 5-kg £16.50 kg.
Lactic acid: £570 metric ton for 50-kg lots.
Magnesium carbonate: Heavy £192, light £175 per metric ton.
Magnesium hydroxide: £541.66½ metric ton.
Magnesium oxide: BP (per metric ton); light £541.66½; heavy £890.
Magnesium peroxide: (15 per cent) £21.93½ cwt.
Magnesium sulphate: BP from £42 metric ton exsiccated £75-£80 ton, ex works.
Magnesium trisilicate: £441 metric ton.
Mercury salts: Per kg in 50-kg lots: ammoniated powder £4.70; oxides—yellow £5.45 and red £5.90; perchloride £4; subchloride £5.10, iodide £5.15 kg for 25-kg.
Methyl salicylate: Per metric ton in 5-ton lots £425; 1-ton £430, 500-kg £435.
Narcotine: Alkaloid and hydrochloride in 25-kg lots £15 kg.
Neomycin sulphate: BP 5-g £27.50 g.
Oleic acid: BP is £206.70 per metric ton delivered.
Oxalic acid: 20-ton lots about £170 metric ton.
Paracetamol: 1-metric ton lots £1.17 kg; 5-ton £1.14 kg. For direct compression £1.27 and £1.24 kg respectively.
Paraffins: (minimum 1-ton lots) liquid-BP £0.552 gall; light BPC 1963 £0.466; technical white oil WA23 £0.422; WA21 £0.477, Jelly-soft white BP £95 ton; yellow BP £85.
Penicillin: Sterile sodium; potassium or procaine £12.92 per 1,000 Mu for 5,000—25,000-Mu lots.
Physostigmine: 100-g lots salicylate £690 kg; sulphate £880.
Piperazine: Under 50 kg; adipate £0.963 kg; citrate £0.92½; hexahydrate £0.663; phosphate £0.02½.
Pyrogallic acid: Pure 500-kg lots £4.73 kg.
Quinidine: Alkaloid (5-kg lots) £42.90; sulphate (50-kg) £39.
Quinine: (Per kg in 85-kg lots) Alkaloid £25.89;

bisulphate £19.85; dihydrochloride £25.38; hydrochloride £24.80; sulphate £21.34; hydrobromide (15-kg) £25.70.
Salicylic acid: per metric ton 5-ton lots £405; 1-ton £425; 250-kg £470.
Streptomycin: Sterile base or sulphate £15 kg for 25-kg lots.
Tannic acid: 500-kg fluffy £1.35 kg; powder £1.33.
Tartaric acid: (Per metric ton) 50-kg lots £422; 250-kg £417; £408 ton.
Theophylline: (50-kg) BP anhydrous, hydrate and ethylenediamine (aminophylline) £2.23 kg.

Crude drugs

Cassia: *Lignea*, whole £640 metric ton spot.
Chillies: Zanzibar £565 ton spot; £495, cif. (resellers).
Gentian: Root £490 per metric ton spot; £470, cif.
Ipecacuanha: (Per lb) Matto Grosso £2.85 spot; £2.75, cif. Costa Rican £2.47 spot; £2.37, cif.
Kola nuts: West African halves £80 metric ton spot; shipment £70, cif.

Pepper: (ton) Sarawak black £355, cif; white £505, cif.

Seeds: (ton) **Anise:** China star £175, spot; shipment £125, cif. **Caraway:** Dutch ex wharf £390. **Celery:** Indian £500, spot. **Coriander:** Moroccan £75, cif. **Cumin:** Indian £225, cif. **Dill:** Indian £116, cif. **Fennel:** Indian £135, cif. Chinese £115, cif. **Fenugreek:** Moroccan for shipment £62.50, cif. **Mustard:** £60-£120 spot.

Essential oils

Citronella: Ceylon £0.95 kg spot; £0.87½, cif; Chinese £1.10 spot; £0.95, cif.
Clove: Madagascar leaf £1.20 kg in bond; £1.08, cif. English distilled bud £18.
Lemongrass: Nominal spot; £1.85 kg, cif.
Peppermint: (Per kg) Arvensis Chinese £2.10 spot; £2, cif; Brazilian £2 spot; Dec-Jan £1.85; Feb-March £1.70, cif. American piperata from £3.85.
Petitgrain: £3.10 kg spot; £3, cif.
Sandalwood: Mysore spot nominal. East Indian for shipment £13.40, cif.

Christmas closing arrangements

Most manufacturers and wholesalers are reopening after the Christmas holiday at their normal hour on December 29. The timetable below gives an indication of the arrangements being followed by some leading companies.

Closed	Company and address	Reopen	Special arrangements
December 17 from usual closing time	Earex Ltd, and British Surgical Houses, Southport	January 3	
December 22	Cuxson Gerrard & Co Ltd, Oldbury, Worcs	December 29	
December 23 all day	Wm Ransom & Son Ltd, Hitchin, Hertfordshire	December 28	
from 4.45pm	Thos Kerfoot & Co Ltd, Ashton-under-Lyne		
December 24 from 12 noon	Beecham Ethical Distributors Ltd, Brentford, Middlesex	December 29	Emergency supplies from John Bell & Croyden
	May & Baker Ltd, Dagenham, Essex		Pharmaceutical Specialities (May & Baker) Ltd Urgent supplies after 10am from John Bell & Croyden
	Merck Sharp & Dohme Ltd, Hoddesdon, Herts		Urgent supplies from John Bell & Croyden
	Inter-Alia Pharmaceutical Co Ltd, East Ham		
	Norgine Ltd, London WC1		
	Radiol Chemicals Ltd, Witham, Essex		
from 12.30pm	Geigy Pharmaceuticals, Macclesfield and Isleworth		
	CIBA Laboratories, Horsham, Sussex		
from 4pm	Upjohn Ltd, Crawley		Urgent supplies from John Bell & Croyden
	Armour Pharmaceutical Co Ltd, Eastbourne	December 28	
December 25 all day	ICI pharmaceuticals division Alderley Park, Cheshire	December 29	Glasgow depot open December 28. Closed January 3-14
	Trufood Creameries, Guildford, Surrey, and Wrenbury, Cheshire		Urgent "ethicals" from John Bell & Croyden
	Northern Pharmaceuticals Ltd, Bradford	December 28 ("ethicals" only)	

Classified advertisements

Display £4.50 per single column inch, minimum 1 inch (1 x 1½ ins). ¼ page (4⅝ x 3½ ins) £40.
½ page (4⅝ x 7 ins) or (9 x 3½ ins) £70.
Whole page (9½ x 7 ins) £120

Lineage £0.35 per line, min. 5 lines at £1.75

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Situations vacant

Are you good at figures?

A person is required to assist in the C&D Pricing Service.

We are looking for somebody who can cope with prices and purchase tax, who is accurate, and who has the ability to cope with inquirers on the telephone and maintain neat records.

The successful applicant is likely to have experience in a pharmacy, dispensary or the pharmaceutical industry and may have been employed in invoicing, stocktaking, or stockkeeping.

If you believe you can help in compiling the C&D pricing publications write to:

Mrs P. Payne,
Personnel Manageress,
Benn Brothers Limited,
154 Fleet Street,
LONDON, EC4A 2DL.

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